

TYSABRI PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Approval for patients with relapsing forms of multiple sclerosis that had an inadequate response, or are unable to tolerate Avonex, Betaseron, Copaxone or Rebif.
- ❖ Tysabri can not be used with another immunomodulator (Betaseron, Rebif, Copaxone, Avonex).
- ❖ Prescriber must be a neurologist or an MS-specialist who is registered with the TOUCH Prescribing Program

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please click [here](#).

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).